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CONFIRMATION NO. 1036

<b>SERIAL NUMBER</b> 10/598,101	<b>FILING or 371(c) DATE</b> 04/09/2008 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3773	<b>ATTORNEY DOCKET NO.</b> 148821-110231	
<b>APPLICANTS</b> Pascal Paganon, Serezin du Rhone, FRANCE; Jean-Paul Gilbert Ricol, Saint Germaine sur l'Arbresle, FRANCE; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR2005/000387 02/18/2005 <b>** FOREIGN APPLICATIONS *****</b> FRANCE 0401684 02/19/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/20/2008					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /CHRISTINA C LAUER/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance CCL Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> BARNES & THORNBURG LLP Suite 1700 3475 Piedmont Road, N.E. Atlanta, GA 30305-2954 UNITED STATES					
<b>TITLE</b> Atraumatic Surgical Band					
<b>FILING FEE RECEIVED</b> 670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		